## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P08000066354

FILED Oct 21, 2009 Secretary of State

	ie: TNFS, INC				ocorciary or otate	
Current Principal Place of Business:			New P	New Principal Place of Business:		
2455 W MIE FORT PIER	OWAY RD CE, FL 34981					
Current Mailing Address:			New M	New Mailing Address:		
2455 W MIE FORT PIER	OWAY RD PCE, FL 34981					
FEI Number: 2	26-2915615	FEI Number Applied For ( )	FEI Number Not	Applicable ( )	Certificate of Status Desired (X)	
Name and	AVA, NESTOR D  AVA SW SW CAMEO BLVD  THOMAS, BILLY 1382 SE LAROSE CT					
NAVA, NESTOR D 2443 SW SW CAMEO BLVD PORT ST LUCIE, FL 34953 US			1382 S			
The above r	named entity su of Florida.	bmits this statement for the p	urpose of changi	ng its registere	ed office or registered agent, or both,	
SIGNATURE: BILLY THOMAS				10/21/2009		
	Electronic	Signature of Registered Age	nt		Date	
		2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	t receive the prior I	notice.		
OFFICERS AND DIRECTORS:			ADDIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () E THOMAS, BILLY 1382 SE LAROS PORT ST LUCIE,		Title: Name: Address City-St-2		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () E NAVA, BILLY 2443 SW CAMEO PORT ST LUCIE,		Title: Name: Address City-St-Z		(X) Change ( ) Addition TOR D AMEO BLVD UCIE, FL 34953	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLY THOMAS PRES 10/21/2009